



# CS GYMNASTICS

## CLASS ENROLLMENT FORM

4 Gold Mine Rd  
Flanders, NJ 07836

973-347-2771

csgymnasticsinc@gmail.com

FAMILY'S LAST NAME: _____	
STUDENT'S NAME: _____	
	Office Use Only
CLASS DESIRED: _____	CLASS COST: _____ /session
DAY/TIME: _____ / _____	
2ND CLASS DESIRED: _____	2ND CLASS COST: \$150/session
DAY/TIME: _____ / _____	
USAG REGISTRATION/INSURANCE/ANNUAL MEMBERSHIP FEE	\$ _____
SELECT SESSION(S) <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING	CLASS COST: _____
DISCOUNTS (IF APPLICABLE)	\$ - _____
TOTAL COST:	\$ - _____

**~~~~ PAYMENT OPTIONS (PLEASE SELECT) ~~~~**  
(All accounts MUST be current PRIOR to continuing next session)

- 1. PAYMENT MADE IN FULL
- 2. **(ONE SESSION)** PAY IN 3 INSTALLMENTS (FIRST OF WHICH IS DUE AT TIME OF RE-REGISTRATION) ON OUR AUTOPAY PROGRAM.  
\*AUTOPAY PAYMENTS WILL BE BILLED DIRECTLY TO A DEBIT/CREDIT CARD LEFT ON FILE ON THE 23<sup>RD</sup> OF EACH MONTH.
- 3. **(FALL, WINTER & SPRING)** PAY IN MONTHLY INSTALLMENTS ALL THREE SESSIONS (FIRST OF WHICH IS DUE AT TIME OF RE-REGISTRATION) ON OUR AUTOPAY PROGRAM.  
\*AUTOPAY PAYMENTS WILL BE BILLED DIRECTLY TO ANY DEBIT/CREDIT CARD LEFT ON FILE ON THE 23<sup>RD</sup> OF AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, JANUARY, FEBRUARY, MARCH, AND APRIL.

Office Use Only	
Payment Taken	
PIF \$ _____	Method: _____ Auto-Pay on file _____ Auto-Pay chg \$ _____ Date _____ Initials _____
Enrollment In Class	
Date _____	Initials _____

## **ENROLLMENT AGREEMENT**

- I HEREBY ENROLL MY SON/DAUGHTER IN THE C.S. GYMNASTICS PROGRAM OR NINJA ZONE. TO THE BEST OF MY KNOWLEDGE HE/SHE IS FREE OF ANY DISABILITY WHICH WOULD RESTRICT PARTICIPATION IN A VIGOROUS PROGRAM OF GYMNASTICS. I WILL NOTIFY C.S. GYMNASTICS IMMEDIATELY IF ANY DISABILITY DEVELOPS.
- I UNDERSTAND THAT WHILE THE SPORT OF GYMNASTICS/NINJA ZONE CAN BE A FUN AND ENRICHING EXPERIENCE, I ALSO UNDERSTAND THAT PARTICIPATION IN ANY GYMNASTICS PROGRAM CAN BE RESPONSIBLE FOR CATASTROPHIC/PERMANENT INJURY AND ACKNOWLEDGE THAT SUCH INJURIES MAY BE CAUSED BY MY OWN ACTIONS, OR INACTIONS, THOSE OF OTHER PARTICIPANTS IN THE EVENT, THE CONDITIONS IN WHICH THE EVENT TAKES PLACE, OR THE NEGLIGENCE OF THE "RELEASES" NAMED BELOW.
- I DO NOT HOLD C.S. GYMNASTICS, NINJA ZONE, OR ITS STAFF, RESPONSIBLE FOR ANY INJURIES THAT MAY OCCUR DURING THIS ACTIVITY, AND HEREBY WAIVE ANY CLAIMS OR RIGHT THAT I MAY SUE ANY OF THE ABOVE-MENTIONED PARTIES INVOLVED.
- C.S. GYMNASTICS INC. OR NINJA ZONE IS NOT RESPONSIBLE FOR PAYMENT OF MEDICAL COSTS THAT MAY RESULT FROM INJURIES OCCURRING WHILE PARTICIPATING IN ANY C.S. GYMNASTIC PROGRAM. EACH STUDENT WHO IS ENROLLED IN ANY C.S. GYMNASTICS PROGRAM BECOMES PART OF OUR USA GYMNASTICS CLUB MEMBERSHIP AND IS COVERED UNDER OUR BLANKET POLICY, (WHICH COVERS ANY MEDICAL COSTS ABOVE THE \$500.00 DEDUCTIBLE).
- ALL ACCOUNTS SHALL BE PAID IN FULL AT TIME OF REGISTRATION OR AUTO-PAY SHALL BE SET UP IF MONTHLY PAYMENTS ARE PREFERRED.
- THERE ARE NO REFUNDS.
  - MISSED CLASSES: WE WILL WORK TO ACCOMMODATE ANY CLASSES MISSED BY SCHEDULING MAKE-UPS WITHIN THE SAME SESSION.
  - LONG TERM ABSENCES: CONTACT THE OFFICE TO MAKE ARRANGEMENTS FOR PROLONGED ABSENCES DUE TO INJURIES, SERIOUS ILLNESS OR FAMILY EMERGENCIES. WE WILL WORK WITH YOU TO ACCOMMODATE CLASSES MISSED.
  - DROPPING A CLASS: TUITION REFLECTS A SPACE HELD IN CLASS, NOT A PER CLASS FEE. IF A STUDENT IS DISCONTINUING CLASSES DURING A SESSION, THE OFICE MUST BE NOTIFIED IN WRITING TO INACTIVATE THE ACCOUNT, EFFECTIVE THE DATE OF RECEIPT OF SUCH NOTIFICATION. ANY OUTSTANDING ACCOUNT BALANCES WILL BE DUE WITH THE NOTICE.
- ALL STUDENTS MUST BE PICKED UP INSIDE THE BUILDING AT THE END OF THEIR CLASS. PLEASE DO NOT DROP OFF ANY STUDENT BEFORE CLASS UNLESS A STAFF MEMBER IS READY TO ASSUME RESPONSIBILITY. THIS IS FOR YOUR CHILD'S SAFETY AND OUR PEACE OF MIND.
- AS A SPECIAL MEMBER OF CS GYMNASTICS/NINJA ZONE PROGRAM, YOUR CHILD'S PHOTO/VIDEO MAY BE USED FOR ADVERTISING AND/OR PROMOTIONAL PURPOSES (IN HOUSE OR IN PUBLIC). I ACKNOWLEDGE THAT SINCE PARTICIPATION IN PUBLICATIONS AND WEBSITES PRODUCED BY C.S. GYMNASTICS AND NINJA ZONE IS VOLUNTARY, NEITHER THE MINOR CHILDREN NOR I WILL RECEIVE FINANCIAL COMPENSATION. NAMES WILL NOT BE USED UNLESS PARENTAL PERMISSION IS GRANTED.

***I HAVE READ THE ABOVE TERMS AND AGREE TO THEM.***

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_